

OFFENSE	STATUS	ARRIVAL	BEAT	SUB BEAT	PLACE	METHOD	ITEMS	PROPERTY	RECOVERY	STOLEN	RECOVERED	DESTROYED
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HAZEL CREST POLICE DEPARTMENT OFFENSE/INCIDENT REPORT

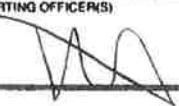
OFFENDER <input checked="" type="checkbox"/>	1 OFFENSE/INCIDENT				2 OPEN		3 DATE & TIME OF OCCURRENCE											
	Armed Robbery 3418 BIRCHWOOD				CB		8/29/17 2153											
COMPL. <input type="checkbox"/>	4 LOCATION/ADDRESS OF OCCURRENCE				5 ADDRESS NAME (IF APPROPRIATE)			6 DATE & TIME REPORTED										
	3418 BIRCHWOOD				[REDACTED]			8/29/17 2153										
VICTIM <input type="checkbox"/>	7 COMPLAINANT (LAST-FIRST-MIDDLE)				8 SEX		9 RACE		10 DOB (M-D-Y)									
	KREMAAR, Brandon L				M		W		[REDACTED]									
WITNESSES <input type="checkbox"/>	16 VICTIM'S NAME (LAST-FIRST-MIDDLE) (BUSINESS)				16 SEX		17 RACE		18 AGE		19 DOB (M-D-Y)							
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		20 RES PHONE							
ARREST <input type="checkbox"/>	21 RES ADDRESS (APT)				CITY		STATE		22 BUS PHONE		23 EXT							
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]							
SUSPECT <input type="checkbox"/>	24 WITNESS #1 (LAST-FIRST-MIDDLE)				25 SEX		26 RACE		27 DOB (M-D-Y)		28 RES PHONE							
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]							
VEHICLE <input type="checkbox"/>	29 RES ADDRESS (APT)				CITY		STATE		30 BUS PHONE		31 EXT							
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]							
PROPERTY <input type="checkbox"/>	32 WITNESS #2 (LAST-FIRST-MIDDLE)				33 SEX		34 RACE		35 DOB (M-D-Y)		36 RES PHONE							
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]							
LEADS <input type="checkbox"/>	37 RES ADDRESS (APT)				CITY		STATE		38 BUS PHONE		39 EXT							
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]							
ARREST <input type="checkbox"/>	40 #1 (LAST-FIRST-MIDDLE)				41 SEX		42 RACE		43 DOB (M-D-Y)		44 HT							
	JUVENILE see slipps				[REDACTED]		[REDACTED]		[REDACTED]		45 WT							
SUSPECT <input type="checkbox"/>	45 RES ADDRESS (APT)				46 NICKNAME/AKA		47 HAIR		48 RES PHONE									
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]									
VEHICLE <input type="checkbox"/>	51 #2 (LAST-FIRST-MIDDLE)				52 SEX		53 RACE		54 DOB (M-D-Y)		55 HT							
	Brandon, BAKUARIE, M				M		B		194508		56 WT							
PROPERTY <input type="checkbox"/>	56 DOB (M-D-Y)				57 EYES		58 HAIR		59 RES PHONE									
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]									
LEADS <input type="checkbox"/>	60 ADDITIONAL DESCRIPTORS (DL#, SOC #, AKA DOB, GLASSES, ETC)				61 RES PHONE		62 SKIN TONE		63 HAIR STYLE (UP TO 3)		64 SCARS/MARKS/TATTOOS/DEFORM. (UP TO 3)		65 APPEARANCE (UP TO 3)		66 CAUTIONS (UP TO 3)		67 SPEECH PATTERN	
	[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
VEHICLE <input type="checkbox"/>	68 ADDITIONAL SUSPECTS/ETC				69 YES		70 YES											
	[REDACTED]				[REDACTED]		[REDACTED]											
PROPERTY <input type="checkbox"/>	71 YEAR				72 MAKE		73 MODEL		74 BODY STYLE		75 TOP COLOR		76 BOTTOM		77 IMPOUNDED		78 VEHICLE USAGE	
	16				Ford		F150		4-D		WM		Wh		[REDACTED]		[REDACTED]	
LEADS <input type="checkbox"/>	79 MO				80 YR		80 STATE		81		82		83		84		85	
	118				72		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
86 ADDITIONAL DESCRIPTORS (UP TO 3)																		
87 VEHICLE DESCRIPTION CODES (OPTIONAL) (UP TO 3)																		
88 QTY				89 ITEM TYPE		90 BRAND/MODEL		91 SERIAL NO		92 MISC DESC (E.G. OWNER ID)		93 VALUE						
[REDACTED]				[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]						
94 ADDITIONAL ENTRIES																		

98 ENTRY - POINT OF - EXIT 97		98 MEANS OF	99 TOOL/OBJECT/WEAPON	100 TARGET	101 SECURITY DEFATED	103 MISCELLANEOUS		
<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER	<input type="checkbox"/> DNA <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER		
BUILDING <input type="checkbox"/> (A) BASMNT DOOR <input type="checkbox"/> (B) BASMNT WINDOW <input type="checkbox"/> (C) FRONT DOOR <input type="checkbox"/> (D) REAR DOOR <input type="checkbox"/> (E) SIDE DOOR <input type="checkbox"/> (F) GRD DR (OVHD) <input type="checkbox"/> (G) GRD DR (OTH) <input type="checkbox"/> (H) OTH OVHD DR <input type="checkbox"/> (I) PATIO/DK DR <input type="checkbox"/> (J) GRND FLOOR WD <input type="checkbox"/> (K) UP FLOOR WD <input type="checkbox"/> (L) SCR/N/STRM DR <input type="checkbox"/> (M) SCR/N/STRM WD <input type="checkbox"/> (N) TRANSOM <input type="checkbox"/> (O) WALL <input type="checkbox"/> (P) SKYLIGHT <input type="checkbox"/> (Q) ROOF		ENTRY	TOOL	NON-RESIDENCE	<input type="checkbox"/> (A) CHAIN/BOLT <input type="checkbox"/> (B) DEADBOLT <input type="checkbox"/> (C) CYLINDER DR. LOCK <input type="checkbox"/> (D) PADLOCK <input type="checkbox"/> (E) CHARLIE BAR- (SLIDING DOOR) <input type="checkbox"/> (F) WINDOW LOCKS <input type="checkbox"/> (G) BARS/GRADE <input type="checkbox"/> (H) ALARM-OUTSIDE RINGER	CRIMES AGAINST PROP		
		<input type="checkbox"/> (A) OPEN <input type="checkbox"/> (B) UNLOCKED <input type="checkbox"/> (C) PRIED <input type="checkbox"/> (D) SMASHED <input type="checkbox"/> (E) FORCED <input type="checkbox"/> (F) SLASHED <input type="checkbox"/> (G) DISMANTLED <input type="checkbox"/> (H) PULLED <input type="checkbox"/> (I) PICKED <input type="checkbox"/> (J) DRILLED <input type="checkbox"/> (K) TORCHED <input type="checkbox"/> (L) SAWED <input type="checkbox"/> (M) CUT <input type="checkbox"/> (N) PEELED	<input type="checkbox"/> (A) PRY/CROW BAR <input type="checkbox"/> (B) SCREWDRIVER <input type="checkbox"/> (C) PIPE WRENCH <input type="checkbox"/> (D) LOCK PULLER <input type="checkbox"/> (E) PUNCH <input type="checkbox"/> (F) KEY <input type="checkbox"/> (G) LOCK PICK <input type="checkbox"/> (H) SLIM JIM <input type="checkbox"/> (I) DRILL <input type="checkbox"/> (J) TORCH <input type="checkbox"/> (K) SAW <input type="checkbox"/> (L) BOLT CUTTER <input type="checkbox"/> (M) PLIER/VISEGRIP <input type="checkbox"/> (N) HAMMER	<input type="checkbox"/> (A) CASH REGISTER <input type="checkbox"/> (B) SAFE/MONEY BOX <input type="checkbox"/> (C) COIN OP MACHINE <input type="checkbox"/> (D) SALES AREA <input type="checkbox"/> (E) DISPLAY <input type="checkbox"/> (F) OFFICE <input type="checkbox"/> (G) TOOL ROOM <input type="checkbox"/> (H) STORAGE RM/AREA <input type="checkbox"/> (I) CLASSROOM <input type="checkbox"/> (J) SHOP <input type="checkbox"/> (K) MULTI LOCATIONS	<input type="checkbox"/> (A) CASH REGISTER <input type="checkbox"/> (B) SAFE/MONEY BOX <input type="checkbox"/> (C) COIN OP MACHINE <input type="checkbox"/> (D) SALES AREA <input type="checkbox"/> (E) DISPLAY <input type="checkbox"/> (F) OFFICE <input type="checkbox"/> (G) TOOL ROOM <input type="checkbox"/> (H) STORAGE RM/AREA <input type="checkbox"/> (I) CLASSROOM <input type="checkbox"/> (J) SHOP <input type="checkbox"/> (K) MULTI LOCATIONS	<input type="checkbox"/> (A) HID IN PREMIS <input type="checkbox"/> (B) RANSACKED <input type="checkbox"/> (C) DEFECATED/BODY FLUIDS <input type="checkbox"/> (D) USED MATCHES <input type="checkbox"/> (E) VANDALIZED <input type="checkbox"/> (F) HIDES PROCEEDS IN AREA		
		<input type="checkbox"/> (L) GRND FLOOR WD <input type="checkbox"/> (M) SCR/N/STRM DR <input type="checkbox"/> (N) SCR/N/STRM WD <input type="checkbox"/> (O) TRANSOM <input type="checkbox"/> (P) WALL <input type="checkbox"/> (Q) SKYLIGHT <input type="checkbox"/> (R) ROOF		DAMAGE	OBJECT	RESIDENCE	<input type="checkbox"/> (A) ALARM-TO SEC COMPANY <input type="checkbox"/> (B) ALARM-TO POL. DEPT <input type="checkbox"/> (C) ALARM-COMBIN (AUDIBLE & DIRECT) <input type="checkbox"/> (D) CAMERA <input type="checkbox"/> (E) FENCE <input type="checkbox"/> (F) DOG <input type="checkbox"/> (G) WATCHMEN/GUARD <input type="checkbox"/> (H) PRIV SEC PATROL	CRIMES AGAINST PERSON
		<input type="checkbox"/> (A) FRONT DOOR <input type="checkbox"/> (B) REAR DOOR <input type="checkbox"/> (C) HATCHBACK/TAILGATE <input type="checkbox"/> (D) REAR DOOR <input type="checkbox"/> (E) SIDE WINDOW <input type="checkbox"/> (F) WINDSHIELD <input type="checkbox"/> (G) REAR WINDOW <input type="checkbox"/> (H) TOP-CONVERT/T-TOP <input type="checkbox"/> (I) HOOD <input type="checkbox"/> (J) TRUNK		SCRATCHED	<input type="checkbox"/> (O) SPRAY PAINT <input type="checkbox"/> (P) SHARP OBJECT <input type="checkbox"/> (Q) BLUNT INSTRU / BLUDGEON <input type="checkbox"/> (R) FLAM. LIQUID <input type="checkbox"/> (S) COMBUSTIBLE <input type="checkbox"/> (T) EXPLOSIVE <input type="checkbox"/> (U) PROJECTILE <input type="checkbox"/> (V) CAUSTIC SUBST <input type="checkbox"/> (W) BODY (FOOT, ETC) <input type="checkbox"/> (X) CREDIT CARD <input type="checkbox"/> (Y) CHECK	<input type="checkbox"/> (L) GRGE/CAR PORT <input type="checkbox"/> (M) VEHICLE <input type="checkbox"/> (N) BASEMENT <input type="checkbox"/> (O) BEDROOM <input type="checkbox"/> (P) LIVING ROOM <input type="checkbox"/> (Q) FAM RM/DEN <input type="checkbox"/> (R) KITCHEN <input type="checkbox"/> (S) BATHROOM <input type="checkbox"/> (T) DINING ROOM <input type="checkbox"/> (U) ATTIC <input type="checkbox"/> (V) STOR RM/SHED <input type="checkbox"/> (W) MULTI LOCATIONS	<input type="checkbox"/> (A) DAYLIGHT <input type="checkbox"/> (B) DAWN <input type="checkbox"/> (C) DUSK <input type="checkbox"/> (D) DARK-UNLIGHTED <input type="checkbox"/> (E) DK-INTER LIGHT <input type="checkbox"/> (F) DK-EXTER LIGHT <input type="checkbox"/> (G) DK-INT & EXT LGT.	GENERAL
		<input type="checkbox"/> (O) BB/PELLET DAMAGE <input type="checkbox"/> (P) SMASHED <input type="checkbox"/> (Q) SLASHED/PUNCTURED		SCRATCHED	<input type="checkbox"/> (O) SPRAY PAINT <input type="checkbox"/> (P) SHARP OBJECT <input type="checkbox"/> (Q) BLUNT INSTRU / BLUDGEON <input type="checkbox"/> (R) FLAM. LIQUID <input type="checkbox"/> (S) COMBUSTIBLE <input type="checkbox"/> (T) EXPLOSIVE <input type="checkbox"/> (U) PROJECTILE <input type="checkbox"/> (V) CAUSTIC SUBST <input type="checkbox"/> (W) BODY (FOOT, ETC) <input type="checkbox"/> (X) CREDIT CARD <input type="checkbox"/> (Y) CHECK	<input type="checkbox"/> (L) GRGE/CAR PORT <input type="checkbox"/> (M) VEHICLE <input type="checkbox"/> (N) BASEMENT <input type="checkbox"/> (O) BEDROOM <input type="checkbox"/> (P) LIVING ROOM <input type="checkbox"/> (Q) FAM RM/DEN <input type="checkbox"/> (R) KITCHEN <input type="checkbox"/> (S) BATHROOM <input type="checkbox"/> (T) DINING ROOM <input type="checkbox"/> (U) ATTIC <input type="checkbox"/> (V) STOR RM/SHED <input type="checkbox"/> (W) MULTI LOCATIONS	<input type="checkbox"/> (A) DAYLIGHT <input type="checkbox"/> (B) DAWN <input type="checkbox"/> (C) DUSK <input type="checkbox"/> (D) DARK-UNLIGHTED <input type="checkbox"/> (E) DK-INTER LIGHT <input type="checkbox"/> (F) DK-EXTER LIGHT <input type="checkbox"/> (G) DK-INT & EXT LGT.	
		<input type="checkbox"/> (S) PAINTED <input type="checkbox"/> (T) BURNED <input type="checkbox"/> (U) CORRODED <input type="checkbox"/> (V) BATTERED <input type="checkbox"/> (W) BLOWN UP <input type="checkbox"/> (X) MULTIPLE MEANS		PAINTED	<input type="checkbox"/> (O) SPRAY PAINT <input type="checkbox"/> (P) SHARP OBJECT <input type="checkbox"/> (Q) BLUNT INSTRU / BLUDGEON <input type="checkbox"/> (R) FLAM. LIQUID <input type="checkbox"/> (S) COMBUSTIBLE <input type="checkbox"/> (T) EXPLOSIVE <input type="checkbox"/> (U) PROJECTILE <input type="checkbox"/> (V) CAUSTIC SUBST <input type="checkbox"/> (W) BODY (FOOT, ETC) <input type="checkbox"/> (X) CREDIT CARD <input type="checkbox"/> (Y) CHECK	<input type="checkbox"/> (L) GRGE/CAR PORT <input type="checkbox"/> (M) VEHICLE <input type="checkbox"/> (N) BASEMENT <input type="checkbox"/> (O) BEDROOM <input type="checkbox"/> (P) LIVING ROOM <input type="checkbox"/> (Q) FAM RM/DEN <input type="checkbox"/> (R) KITCHEN <input type="checkbox"/> (S) BATHROOM <input type="checkbox"/> (T) DINING ROOM <input type="checkbox"/> (U) ATTIC <input type="checkbox"/> (V) STOR RM/SHED <input type="checkbox"/> (W) MULTI LOCATIONS	<input type="checkbox"/> (A) DAYLIGHT <input type="checkbox"/> (B) DAWN <input type="checkbox"/> (C) DUSK <input type="checkbox"/> (D) DARK-UNLIGHTED <input type="checkbox"/> (E) DK-INTER LIGHT <input type="checkbox"/> (F) DK-EXTER LIGHT <input type="checkbox"/> (G) DK-INT & EXT LGT.	
		<input type="checkbox"/> (Z) REVOLVER (BLU/DK) <input type="checkbox"/> (O) REVOLVER (SILVER) <input type="checkbox"/> (I) AUTOMAT (BLU/DK) <input type="checkbox"/> (Z) AUTOMAT (SILVER) <input type="checkbox"/> (O) RIFLE <input type="checkbox"/> (D) SHOTGUN <input type="checkbox"/> (S) KNIFE <input type="checkbox"/> (E) MARTIAL ART WEAPON <input type="checkbox"/> (T) STUN DEVICE <input type="checkbox"/> (B) CHEMICAL DEVICE <input type="checkbox"/> (N) BB/PELLET GUN		WEAPON	<input type="checkbox"/> (Z) REVOLVER (BLU/DK) <input type="checkbox"/> (O) REVOLVER (SILVER) <input type="checkbox"/> (I) AUTOMAT (BLU/DK) <input type="checkbox"/> (Z) AUTOMAT (SILVER) <input type="checkbox"/> (O) RIFLE <input type="checkbox"/> (D) SHOTGUN <input type="checkbox"/> (S) KNIFE <input type="checkbox"/> (E) MARTIAL ART WEAPON <input type="checkbox"/> (T) STUN DEVICE <input type="checkbox"/> (B) CHEMICAL DEVICE <input type="checkbox"/> (N) BB/PELLET GUN	<input type="checkbox"/> (X) PASSENG. COMPRT <input type="checkbox"/> (Y) GLOVE BOX <input type="checkbox"/> (Z) CONSOLE <input type="checkbox"/> (O) ENGINE COMPRT <input type="checkbox"/> (I) BODY <input type="checkbox"/> (D) WHEELS/TIRES <input type="checkbox"/> (S) UTILITY/COMMER VEH <input type="checkbox"/> (T) STOR AREA <input type="checkbox"/> (R) RECREAT. VEH LIVING AREA <input type="checkbox"/> (G) MULTI LOCATIONS	<input type="checkbox"/> (X) PASSENG. COMPRT <input type="checkbox"/> (Y) GLOVE BOX <input type="checkbox"/> (Z) CONSOLE <input type="checkbox"/> (O) ENGINE COMPRT <input type="checkbox"/> (I) BODY <input type="checkbox"/> (D) WHEELS/TIRES <input type="checkbox"/> (S) UTILITY/COMMER VEH <input type="checkbox"/> (T) STOR AREA <input type="checkbox"/> (R) RECREAT. VEH LIVING AREA <input type="checkbox"/> (G) MULTI LOCATIONS	<input type="checkbox"/> (N) HAD LOOKOUT <input type="checkbox"/> (O) USED MONITOR <input type="checkbox"/> (P) USED CB RADIO <input type="checkbox"/> (Q) VEHICLE NEEDED TO REMOVE PROPERTY <input type="checkbox"/> (R) DISABLED PHONE <input type="checkbox"/> (S) DISABLED ALARM <input type="checkbox"/> (T) DISABLED CAMERA <input type="checkbox"/> (U) DISABLED UTILITY <input type="checkbox"/> (V) USED GLOVES
		<input type="checkbox"/> PREVIOUS OCCURRENCES <input type="checkbox"/> HOW MANY? <input type="checkbox"/> COPY OF RIGHTS GIVEN TO VICTIM <input type="checkbox"/> ORDER OF PROTECTION CURRENTLY IN FORCE		98A DOMESTIC VIOLENCE				

INV.	104 ET REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	105 INVESTIGATOR/JO REQUESTED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	106 TIME REQUESTED ONSCENE	107 ET INVESTIGATOR/JO ASSIGNED Det. Farkas
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NARRATIVE

TOT Detective Division

STATUS	109 <input type="checkbox"/> (0) UNFOUNDED <input type="checkbox"/> (1) REFERRED TO OTHER JURISDICTION <input type="checkbox"/> (2) PENDING INVESTIGATION <input type="checkbox"/> (9) NO FURTHER ACTION	<input type="checkbox"/> (3) CLEARED BY ADULT ARREST (REQUIRES ARREST REPORT) <input type="checkbox"/> (4) CLEARED BY JUVENILE ARREST (REQUIRES ARREST REPORT) <input type="checkbox"/> (5) EXCEPTIONAL CLEARANCE—ADULT <input type="checkbox"/> (6) EXCEPTIONAL CLEARANCE—JUVENILE			112 REVIEW OFFICER D. M. Soto 8/30/17
	110 REPORTING OFFICER(S) 	STAR # 228	111A TOW #	111B PI #	

COMPLAINT NUMBER
17-11135